Substitute for form 1449 A & B/PTO

Sheet

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

of 1

1

Comp	lete if Known
Application Number	10/533,240
Confirmation Number	7061
Filing Date	November 28, 2005
First Named Inventor	Heinz FOCKE et al
Art Unit	3727
Examiner Name	Christopher DEMEREE
Attorney Docket Number	O-87659

	U.S. PATENT DOCUMENTS						
Examiner	Cite	Document Number		Publication Date			
Initials*	No.1	Number	Kind Code ² (if known)	MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		
		US 6,311,834	B1	11-06-2001	Heinz FOCKE et al		
		US					
		US					

	FOREIGN PATENT DOCUMENTS						
Examiner	Cite No.1	Foreign Patent Document			Publication Date	Name of Patentee or	
Initials*		Country Code ³	Number ⁴	Kind Code ⁵ (if known)	MM-DD-YYYY	Applicant of Cited Document	Translation ⁶
		JP	2005-1517588		10-09-2001		
		JP	HEI-09-40050		02-10-1997	FOCKE & CO.	
		WO	02/064452	Al	08-22-2002	PHILIP MORRIS PRODUCTS S.A.	

	OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation ⁶			

Examiner Signature	Date Considered

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's undage citation designation number (optional). "See Kinds Codes of USFTO Patient Decouments at worsuppting," MEP 901.04 or in the Comments to of this document." Enter Office to the Comment of the Comment